

## Office of Health Benefits

## COMMONWEALTH OF VIRGINIA DEPARTMENT OF HUMAN RESOURCE MANAGEMENT

## Benefits Administrator Memo #02-16

**To:** Benefits Administrators and Fiscal Officers

**From:** Charles S. Reed, Associate Director

State and Local Health Benefits Programs

CC: All OHB

**Date:** December 18, 2002

Re: 2003 Flexible Reimbursement Accounts -- List of Enrolling Employees

This memo provides instructions for the verification of the flexible reimbursement account elections processed in the Benefits Eligibility System (BES) by the December 4<sup>th</sup> deadline. We ask that the benefits and payroll offices work together to ensure a smooth and accurate transition to the new plan year.

An electronic file including all 2003 Flexible Reimbursement Account participants entered into the Benefits Eligibility System (BES) as of December 4<sup>th</sup> was transferred to Fringe Benefits Management Company (FBMC). DHRM and FBMC have provided a report for your agency that provides a listing of all enrollees who were contained on that file. This report is available via the agency's FTP folder. The file name for the central payroll report is: PM4202-00nnn-12182002.txt, where nnn is the agency number. The decentralized agencies should look for a report named: 258nnn.pdf, where nnn represents the name of the agency. Example: 258GMU.pdf. Please review this report to ensure that all enrollees have been identified for payroll deduction and the correct information has been transferred to FBMC.

Using payroll information, verify each participant's name, Social Security Number, the amount to be deducted each pay cycle (remember that in cases of rounding, payroll should round down to the closest integer), and the number of pay cycles for each employee, especially those with

other than 24 pay cycles (i.e. 12,18,20). If all participants shown are on the same pay cycle, simply write the number of cycles at the bottom of the report. The election amount must meet the **\$480 minimum** per account but should not exceed the maximum of \$5,000 per account. The report will reflect the annual election as the per pay amount times the number of pay cycles listed.

After the verification process is complete, please sign and date the report. Fax the signed copy of the report to: FBMC – Attention: Ann Horn, Enrollment Processing, as soon as possible but no later than Friday, January 10, 2003. The fax number is (850) 425-6220.

All enrollment transactions for the 2003 plan year keyed into BES after December 4<sup>th</sup> will be transferred to Fringe Benefits Management Company on December 20<sup>th</sup>. These enrollments will not show on the report for your agency. Please be sure the necessary paperwork regarding the new plan year account(s) is forwarded to your payroll office for set-up in the payroll system.

If no list is loaded in your FTP folder, there is no record of any employee in your agency enrolling in a Flexible Reimbursement Account. Please call Sharon Finn at (804) 371-6210 if you believe employees from your agency have enrolled.

Thank you for your assistance.

CSR/ssf